

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
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16		1				
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35	1					
36		1				
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42						
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44						
45						
46						
47						
48						
49						
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			
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96					
97					
98					
99					
100					
TOTAL IND.	3				
TOTAL DEP.	48				
TOTAL CLAIMS	51				

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